## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [X] sole/[] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Improved Signaling System for Telecommunications the specification of which

(a)[] is attached	d hereto.		
(b) [X] was filed o	n <u>June 1, 2001</u>	as Application Serial No	09/857,136 and was amended
(c) [] was descri and amend	oed and claimed in Interned on	ational Application No.	filed on
THURST WHICH IS		gment of Duty of Disclosure derstood the content of the above headment referred to above. I a billity of the subject matter claime Regulations § 1.56(a).	ve identified specification, acknowledge the duty to disclose d in this application in
States or PCT inter	nternational application of the continuational application in the continuational application in the type of the continuational application in the type of the continuational application in the continuational application in the continuational application in the continuation in the contin	35 U.S.C. § 120 ited States Code, § 120 of any designating the United States of claims of this application is not demander provided by the first parameter as defined in 37 CFR in and the national or PCT interr	Sclosed in the prior United
PCT/US99/26894 (Application Serial No.)	November 12, 1999 (Filing Date)	Pending (Status)(patented,pending,abandoned)	
(Application Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned)	(Patent No. if applicable)

## Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. NO. 32,746, Marina T. Larson, PTO Reg. No. 32,038, and D'Arcy Straub, PTO Reg. No. 47,113 of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Alpine Bank Center, 2<sup>nd</sup> Floor, 256 Dillon Ridge Rd., Dillon, CO 80435 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:



PATENT TRADEHARK OFFICE

DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970) 468-6600 Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

COUNTRY APPLICATION NO.	DATE OF FILING (day/month/year)	THS (6 MONTHS FOR DES DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
FOREIGN APPLICATION(S), IF AI TO SAID APPLICATION	NY, FILED MORE TH	AN 12 MONTHS (6 MC	YES[] NO[]	
COUNTRY APPLICATION NO.	DATE OF FILING	DATE OF ISSUE		ESIGN)/PRIO

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed

(2) [2] 14 [2] 14 [2] 14 [2] 14 [2] 15 [2]	그는 그래, 그림 그는 사람이 그가 하면서 그는 그 가는 가는 그는 그는 그가 되었다면 하셨다면?
(application number)	
	(filing date)
(application number)	(filing date).
	(ming date)
(application number)	
	(filing date)
I hereby declare that all statements	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both. under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME Simon	FIRST NAME Thor	MIDDLE NAME  Lancelot	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Marbletown	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS P.O. Box 331		CITY Stone Ridge	STATE/COUNTRY ZIP CODE NY 12484-0331	
DATE 2001-09-04  Signature for additional joint inventor attach				

Signature for addi			

[ ] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages \_\_

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages